INFORMATION BULLETIN



WORKFORCE INVESTMENT ACT

Number: WIAB02-40

Date: November 19, 2002 Expiration Date: 6/30/03

69:53:vf:6486

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

This information bulletin provides copies of the revised Workforce Investment Act (WIA) client forms. The client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements.

The form revisions follow the Job Training Automation (JTA) system version 4.23 release dated October 25, 2002. Please refer to WIA Information Bulletin <u>WIAB02-34</u> for details of the specific JTA changes.

Please ensure this information is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Debor Untal in the Performance Management Unit at (916) 654-8295. Questions concerning the JTA system release should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BOB HERMSMEIER
Acting Chief
Workforce Investment Division

Attachments



WORKFORCE INVESTMENT ACT APPLICATION

ATTACHMENT 1
Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

04 Application Date 05 Last Name						irst Name		Middle	
07 Street Address (R	esidence)		City State (Resi	dence)	08 Z	IP (Reside	nce)	09 Phone (Residence)	
10 Mail Street			Mail City State		11 N	Nail ZIP			12 Message Phone
13 GEO Code (Optional)	14 Citizen1 U.S. Citizen2 Eligible Non3 Ineligible No	-Citizen	15 Alien Doc#	16 Gende 1 Femal 2 Male		Birthdate	18 Age	19 Assessed 1 Yes, WIA 2 Yes, Non- WIA 3 No	20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt 4 Not Required
21 Race (select one or more) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Pacific Islander AO Other Asian BL Black – African American HI Hispanic or Latino NA American Indian/Alaskan Native WH White			Concurrent Participation 22 Adult Education 23 Job Corps 24 Farmworker Program 25 Native American Program 26 Veterans' Workforce Investmer 27 Veterans' DVOP/LVER 28 Trade Adjustment Act 29 NAFTA-TAA 30 Vocational Education 31 Vocational Education 32 Wagner-Peyser 33 WtW-Participant 34 Title V Activities (OAA) 35 Comm Srvc Blk Grant Pgm 36 HUD Pgm 37 Other non-WIA Pgm 38 Rapid Response 39 Rapid Response – Additional A 40 TANF 41 Food Stamp Training Program			1 Yes 2 No			42 Disabled 1 Yes, Major 2 Yes, Substantial 3 No 43 Limited English 1 Yes 2 No 44 Substance Abuse 1 Yes 2 No 45 Basic Skills Deficient 1 Yes 2 No
46 Offender 1 Yes 2 No					47 Pregna 1 Yes 2 No	nt/Parentir	ng Youth		
48 Youth Needing As 1 Yes 2 No	sistance (Additio	onal Barriers	5)	49 Runa 1 Yes 2 No	away Youth		Foster Child Yes No	51 Family TANI 1 Yes 2 No	52 Family GA 1 Yes 2 No
53 Family RCA 1 Yes 2 No	54 Family 1 Yes 2 No	SSI	55 Family Food 1 Eligible 2 Receiving 3 No	I Stamps	56 Numbe Family			Jumber of Depender Age 18	158 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported
59 Family Income (Pr	1	Yes No	me	61 TANF E 1 Yes 2 No	Exhaustee	62 Hom 1 Yes 2 No	neless	63 Poor Work Hist 1 Yes 2 No	tory 64 Unemployment Insurance 1 Yes, UI Claimant 2 Exhaustee 3 No
65 Veteran Status 1 Yes <= 180 days 2 Yes, > 180 days 3 No	1 Yes	abled Vetera , special disa		67 Veterar	1 Separation		68 Recently 1 Yes 2 No	y Separated Veteran	69 Campaign Veteran 1 Vietnam-era 2 Other Veteran 3 No
70 Highest Grade Completed 71 Education Status 1 Student, H.S. or let 2 Student, attending 3 Out-of-School, H.S. 4 Out-of-School, H.S. employment difficu 5 Out-of-School, H.S. employment difficu			less g post – H.S. .S. dropout .S. grad, culty .S. grad, no	72 Read G	Grade		73 Read Sc	core	74 Reading Test

Rev. (10/25/02) Page 2 of 7



WORKFORCE INVESTMENT ACT APPLICATION CONTINUED

Subgrantee Name	
Application Number	
Agency Code	
Social Security Number	

1 Ves No. Applied but denied 3 No. Application Pending 4 Application not submitted 86 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long from Unemployed (JTPA transfer only) 4 Self Employed 4 Self Employed (JTPA transfer only) 4 Self Employed (JTPA transfer only) 5 Dislocation Industry Code 90 Tenure at Employer of Dislocation (months) 91 Employer Number 92 Employer Number 92 Employer Telephone 93 Eligibility A Adult WIA B H Veteran Grant A Multi WiA B Adult Low Income 1 5 % Window Youth (age 14 – 18) Dislocated Worker J 5 % Window Youth (age 19 – 21) F Youth (age 14 – 18) X Not Eligible Signature of Reviewer 95 Reviewer ID Date	Last Name		First Name					Middle)			
1 Profiling) 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted 8 Dislocated Worker 5 Received Notice of Layoff 5 Long Term Unemployed (JTPA transfer only) 6 Solly Employer 7 Not Applicable 8 Dislocation Industry Code 9 Signature of Interviewer 1 Signature of Reviewer 9 Possible Adult tow Income 1 Signature of Reviewer 9 Possible Interviewer ID 9 Date Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above intermination is true and complete. I agree that any information I have supplied is subject to verification. I understand that it shiftication of any item is grounds for termination from the Workforce intermination is true and complete. I agree that any information I have supplied is subject to verification. I understand that it shiftication of any item is grounds for termination from the Workforce intermination is true and complete. I agree that any information I have supplied is subject to verification. I understand that it shiftication of any item is grounds for termination from the Workforce intermination is true and complete. I agree that any information I have supplied is subject to verification. I understand that it shiftication of any item is grounds for termination from the Workforce intermination from the Workf	75 Read Version	76 Math Grade		77	Math Score	7	8 N	/lath Test				79 Math Version
1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable 89 Dislocation Industry Code 89 Dislocation Industry Code 1 Employer City / State 1 Employer City / State 1 Employer ZIP 2 Employer ZIP 2 Employer Telephone 81 Employer ZIP 2 Employer Telephone 82 Eligibility A Adult WIA B Adult Low Income I S% Window Youth (age 14 – 18) D Dislocated Worker J S% Window Youth (age 19 – 21) F Youth (age 14 - 18) C Youth (age 19 - 21) 8 Signature of Interviewer 9 Reviewer ID D Date Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce investment Act program and may result in action to recover any moneys paid to me while participating.	 Yes No, Applied but denied No, Application Pending 	Award Amount d ng		nt 1 Employed							urly Wage	1 Yes
Reployer Address Semployer City State Semployer Number 92 Employer Name 92 Employer Name 93 Eligibility Employer City State Employer ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZIP	 Terminated or Laid off Received Notice of Layoff Long Term Unemployed (JTPA trade) Self Employed Displaced Homemaker 	insfer only)	87 Disloca	ation D	ate	8	8 J	lob Code	at Dislocation	n .	Job Title	
93 Eligibility A Adult WIA B Adult WIA B Adult Low Income I 5% Window Youth (age 14 – 18) D Dislocated Worker J 5% Window Youth (age 19 – 21) F Youth (age 14 - 18) C Youth (age 19 - 21) Signature of Interviewer 94 Interviewer ID Date Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating. Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date					91 Employe	er Numbe	r		92 Employ	er Name		
A Adult WIÁ H Veteran Grant B Adult Low Income I 5% Window Youth (age 14 – 18) D Dislocated Worker J 5% Window Youth (age 19 – 21) F Youth (age 14 - 18) G Youth (age 19 - 21) Signature of Interviewer 94 Interviewer ID Date Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating. Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date	Employer Address		Emplo	yer Cit	y / State				Employer 2	ZIP	Employer	Telephone
Signature of Reviewer 95 Reviewer ID Date Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating. Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date	A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18)	I 5% Wi J 5% Wi	ndow Youth (andow Youth (a								1	
Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating. Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date	Signature of Interviewer					94 Inte	ervie	ewer ID			Date	
information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating. Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date	Signature of Reviewer					95 Re	view	ver ID			Date	
Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date	information is true and complete. I agree t	hat any information I	have supplied is	s subjec	t to verification. I							
Remarks:	. , ,	cuon to recover any m		e write p		ignature	of P	arent, Gu	ardian or Res	sponsible	e Adult	Date
	Remarks:											

Rev. (10/25/02) Page 3 of 7



WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name	
01 Social Security Number	
02 Case Number	
Application Number	

	INOLL		/ILCIC		101110	14									
Last	Name					First Name					Middle				
03 G	03 Grant Code 04 Agency Code 05 1 2			1	Labor Force Employed Not employed				e 07 Date ITA Established 08 Total Amount of ITA						
Activity 1	09 Activity Code	10 Agency Code	11 State Provide	er ID	Program Code	Program Job Code/Job Begin Date		е	15 Est/End Date ITA		ount Used	17 Completion Code	18 Goal Code		
Activity 2	Activity Code	Agency Code	State Provide	er ID	Program Code			Begin Date	e	Est/End Date ITA Amount		ount Used	Completion Code	Goal Code	
Activity 3	Activity Code	Agency Code	State Provide	er ID	Program Code	3 1 3		е	Est/End Date	ITA Amount Used		Completion Code	Goal Code		
Enro	lling Staff Sig	nature			19 Enrollin	g Staff ID			Date						
Core 10 Fc 11 Si 12 Si 13 Si 14 Si 15 O 16 No Intens 30 C 31 C 32 D 33 G 34 W 35 In 36 O 37 R 38 Si 39 In 40 O	laff Assisted Jo laff Assisted Jo laff Assisted Wither Core Servon-WIA Funde sive ase Mgt for Pa omprehensive evelopment of roup Counselli fork/Entry Emp dividual Couns ut-of-Area Job elocation Expe	ces, Counseling b Development b Referrals b Search, Plac forkshops / Job rices d Core Service rticipants Assessments Individual Emping loyment Expericeling and Care Search rises rocational Services	cement o Clubs es oloyment Plan ience eer Planning		51 Cu 52 En 53 Joh 54 Oc 55 On 56 Prii 57 Ski 58 Wc 59 Ott 60 No Youth 70 Su 71 Ed 72 En 73 Cit 74 Ott 75 No Miscel 80 Ott 81 Su 82 Ne 83 Pla 84 No 90:99 Corr 1 Co 2 No 3 No	ult Education stomized Trai repreneurial of Readiness Tocupational SkThe-Job Trai vate Sector Toll Upgrading arkplace Training S	Trainin Tra	g aining g etraining dd Coop Ed es ning Services ent Services th Services th Services ellaneous e	BAS 001 002 003 004 005 006 013 015 007 008 016 019 009 010 011 012 014 017 018	SIC SKILLS Reading Comprehens Math Computation Writing Speaking Listening Problem Solving, Rea ESL/VESL Life Skills CUPATIONAL SKILLS Perform Actual Tasks Familiarity with Proce Technology Information Skills WK READINESS SKILL World of Work Aware Labor Market Knowle Career Planning Job Search Techniqu Leadership Allocates Resources Team Work Interpersonal Skills	sion soning, D dures, Too S ness dge	ecision Mak	ing		

Rev. (10/25/02) Page 4 of 7



WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name
01 Case Number
Application Number
02 Agency Code
Social Security Number

Last Name			First Name			Middle		
Primary Goal Goal Type Goal Code			Goal Description	Date Set	Result Date Attained Description			
Staff Signature				03 Staff ID		Date		
Primary Goal Code Primary Goal 2 Not Primary Goal		Goal Type 1 Basic Skills 2 Occupational Ski 3 Work Readiness		Result Code 1 Attained Goa 2 Set, Goal Not				
Goal Code		<u> </u>						
001Reading Comprehension00002Math Computation00003Writing01			OCCUPATIONAL SKI 007 Perform Actual 008 Familiarity With 016 Technology 019 Information Ski	Tasks Procedures, Tool	K READINESS World of Work Awareness Labor Market Knowledge Career Planning Job Search Techniques Leadership			

Problem Solving, Reasoning, Decision Making
ESL/Vocational ESL 015 Life Skills

017 Allocates Resources

018 Team Work

020 Interpersonal Skills



WORKFORCE INVESTMENT ACT EXIT

Subgrantee Name	
01 Application Number	
02 Agency Code	
Social Security Number	

Last Name				First Name				Middle		
03 Exit Code Exit Codes Select up to thr 01 Entered Employment 02 Called Back/Remained W 03 Entered Advanced Trainir 04 Entered Postsecondary E 05 Attained Recognized Certificate/Diploma/Degre				06 Planned Services Completed 1 Vith Layoff Employer 07 Planned Services Not Completed 1 ing 08 Lacks Transportation 1 Education 09 Family Care 1 10 Health/Medical 1 ee 11 Cannot Locate			ed 13 14 15 16	Voluntary Other Objective Assessment Only Returned to Secondary Education (Youth Only) Soft Exit		
04 Exit Date 05 Soft Exit Determination Date			nation Date	Degree Attained Yes No, credential inter No, credential not i No, credential pent No training service		Date Degree or Certificate Attained 1 High School Diploma 2 Equivalency/GED 3 AA or AS Diploma/Deg 4 BA or BS Diploma or D 5 Occupational Skills Lic 6 Occupational Skills Ce 7 Other				
09 Date Entered Po Education				red Advanced Training		E ntered Military Service Yes No		12 Entered Qualified Apprenticeship 1 Yes 2 No		
13 Date Employed		14 Employ	er Number		15 Emp	loyer Name				
Employer Address				Employer City/State			Emplo	Employer ZIP		
16 Employer Contact	ct			17 Contact Phone		18 Job Code/Job Tit	tle		19 Hours Per Week	
20 Hourly Wage	21 Tra 1 Yes 2 No		Employment	22 Determination Me 1 Training to job 2 Industry to training 3 Other		23 Health Benefits 1 Yes 2 No		24 Non-Traditiona 1 Yes 2 No	al Employment	
Exit Staff Signature				25 Exit Staff ID			Date	Date		
Post Exit Servi	ces		I							
26 Service Code	27	Description					28	Begin Date	29 End Date	
Post Program Service 01 Educational Achie 02 Employment Serv 03 Additional Youth 9 04 Citizen and Leade 05 Follow-up Service	evement rices Support ership									

Rev. (10/25/02) Page 6 of 7



WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name	
01 Application Number	
02 Agency Code	
Contal Consulto Nombon	_
Social Security Number	

Last Name	First Na	me		Middle			
03 Follow-up Type (After Exit)	,	Follow-up Date	04	Interview Date			
1 30 Day 4 2 nd Qu	uarter						
2 60 Day 5 3 rd Qu	arter						
3 1st Quarter 6 4th Qu	arter						
05 Follow-up Result1 Complete: All Questions		6 Respondent Refused Interview					
2 Complete Interview: Missing Data		7 Language Problem Prevented Interview	rview				
3 Respondent Never Located		8 Unable Due to Illness/Disability					
4 Located but Never Available5 Informant Refused for Respondent		9 Died / Incapable After Exit					
5 Informatic Refused for Respondent							
06 Labor Force Status	07 Cumplemental	Data Verified Employment Status 08	Sunnlaw	nental Data Verified Employment Status			
	Not in Labor Force First Quarter a			iarter after Exit			
2 Employed Part-Time 5	Status Unknown 1 Employed	1	Employee	d			
3 Unemployed	2 Not Employed 3 Not Applicable	2 3	Not Empl Not Appli	loyed			
	3 Not Applicable	3	Not Appli	Cable			
22.5 . 5 . 2 . 15							
09 Date Degree or Certificate 10 Attained 1	Type of Degree Attained High School Diploma	5 Occupational Skills License					
	Equivalency/GED	 Occupational Skills Certificate 	or Crede	ntial			
3	AÁ or AS Diploma Degree BA or BS Diploma or Degree	7 Other					
4	BA OF BS DIPIONA OF Degree						
11 In Dankassandami Education	12 In Advanced Training	12 la Militana Camaian		14 In Ovalified Assurantia askin			
11 In Postsecondary Education 1 Yes	12 In Advanced Training 1 Yes	13 In Military Service 1 Yes		14 In Qualified Apprenticeship 1 Yes			
2 No	2 No	2 No		2 No			
15 Weeks Employed	16 With Exit Emp	lover 17	Actual U	ours Worked			
15 Weeks Employed	1 Yes	loyei 17	ACIUAI N	OUIS WOIREU			
	2 No						
	Most Recent E	mployer or Employer at Follow-Up					
18 Date Employed	19 Employer Number	20 Employer Name					
2010 Employ 04							
Employer Address	1	Employer City, State, ZIP					
		Employor oxy, oldio, Ell					
21 Contact		22 Phone					
55							
23 Job Code	24 Hours Per Week	25 Hourly Wage	26	Follow-up Staff ID			
		, g-					
1			1				

Rev. (10/25/02) Page 7 of 7